Just Loosen Up and Keep Talking!

Nova Scotia
Round Table on
Youth Sexual Health

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

103-00571/

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Introduction

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
Round Table on
Youth Sexual Health

How to Use the "Just Loosen Up and Keep Talking" Briefing Kit

Purpose, Scope and Sequence

The purpose of this briefing kit is to provide communication materials useful to presenters to increase awareness and create community receptivity to youth sexual health.

The briefing kit is divided into seven chapters:

- Acknowledgments
- How to Use This Briefing Kit
- General Introduction to the Presentation
- How Do We Communicate About Sexual Health?
- Why is Sexual Health Important to Your Community?
- Creating Support for Youth Sexual Health
- Closing Remarks
- Works Cited and Background Materials

Each topic chapter includes easy to use materials which can be tailored to briefings of varying lengths and audiences. It has been designed to give you, the presenter, a high degree of flexibility in its use.

The chapter sequence is as follows for each topic:

- *Briefing Notes*
- *Presenter's Outline*
- *Materials: Activities, Handouts and Overheads*

This format allows you to familiarize yourself with the materials of the kit and decide which outline points and supporting materials will be best suited to your briefing. Begin by reading the *Briefing Notes,* then the *Presenter's Outline.* You'll notice that these two briefing materials have been correlated through a simple numbering system. Where the *Briefing Notes* provide detailed information about each topic, the *Presenter's Outline* is a scaled down version for use during your presentation. The *Materials: Activities, Handouts and Overheads* are also numbered to correspond to their placement in the *Presenter's Outline.*

Delivery

The *Presenter's Outline* is designed to allow for flexibility within topics and presentation length.

Each topic addresses one aspect of the project goal—increasing awareness and creating community receptivity for youth sexual health. The entire briefing kit allows for more finely tuned adaptation by presenters based upon the needs of your particular communities, or community representative groups. You will find, as you review the materials, that the kit allows for the interconnectedness of many aspects of youth sexual health and other community issues. It has been designed to permit a free interplay of ideas and encourage dialogue, often repeating ideas across topics to underscore the interrelatedness of sexual health topics.

General Introduction to the Presentation

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Nova Scotia Department of Health
902-424-5011

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2.0 The partnership: Nova Scotia Round Table on Youth Sexual Health and Planned Parenthood Nova Scotia

The Nova Scotia Round Table on Youth Sexual Health was established in 1997 following the release of "Just Loosen Up and Start Talking," a report generated from interviews gathered from 220 Nova Scotia youth. The survey, sponsored by the Nova Scotia Department of Health and Planned Parenthood Nova Scotia, was accomplished when youth interviewed youth regarding their sexual health needs.

The purpose of this multi-sectorial group of health professionals, educators, government and non-government policy and program staff was to collectively identify ways to respond to the advice from Nova Scotian youth for improving their sexual health. "Just Loosen Up and Start Talking," emphasized the need for collaborative action. It also emphasized the need to start dialogue, using the information, insight and experience of Nova Scotia youth. Underscored was the necessity of involving and supporting youth in being active and valued partners in determining their sexual health.

The survey information further prompted Round Table discussions involving representatives from:

- Correctional Services, Nova Scotia Department of Justice
- The Family Violence Prevention Initiative
- Halifax Regional School Board
- Nova Scotia Advisory Council on the Status of Women
- Nova Scotia Department of Community Services
- Nova Scotia Department of Education and Culture
- Nova Scotia Public Health Services, in the Central, Eastern, Northern and Western Health Regions
- Nova Scotia Youth Secretariat
- Public Health and Health Promotion, Nova Scotia Department of Health
- Planned Parenthood Nova Scotia

The Nova Scotia Round Table on Youth Sexual Health began work to develop this briefing kit, funded by Health Canada, to be used by a variety of presenters and audiences as a first step in creating community receptivity to youth sexual health. The outcome was *Just Loosen Up and Keep Talking*, a composite communication tool providing both theoretical and hands-on resources for use at a variety of levels.

2.1 Presentation Tips

How you use this kit in your presentation will be unique to your background and that of your group. After introducing your participants to the history of *Just Loosen Up and Keep Talking*, you'll want to give them an agenda, an idea of just how long the presentation will be and what topics you'll be covering. It is also helpful to give a brief description, as well, of what methods of delivery you'll be using: lecture, individual, small group and large group discussion and activities. Your kit includes "Tips for Presenters," which will guide you in this part of the

introduction process. Among other ideas, your "Tips" sheet discusses the importance of being clear with your group regarding the types of activities they'll be asked to do. "Creating Group Safety" outlines and delineates the need for creating a safe environment for the group throughout the presentation.

A greater degree of community receptivity can be achieved by including all of the community, especially youth, in your efforts. A key element, if not perhaps the primary element, is the involvement of youth in this process and in presentations. Youth have a strong voice regarding their sexual health and ways to improve it. Many of them are willing to take responsibility and action given the opportunity and support. They need practise in the skills and behaviours that will allow for their development into healthy, responsible adults. "Let us prove ourselves. Give me a chance. I will show you that I'm capable." (Canadian Institute of Child Health, 1998:107). Active involvement in the *Just Loosen Up and Keep Talking* presentation process is one such avenue. Your presentation will be that much more effective and your "reach" that much greater. Your "Tips for Working with Youth" handout provides specific suggestions for maximizing youth involvement.

These topics and related issues are dynamic and so are best presented by varied approaches to the material. You have free rein to decide what will best capture the attention and convictions of your group and what you, as a presenter, are comfortable doing.

Presenter's Outline & Materials

General Introduction to the Presentation

Project Goal

To increase awareness and create community receptivity to youth sexual health

Topics

1. Why is sexual health important to your community?

2. How do we communicate about sexual health?

3. Creating support for youth sexual health

2.0 Introduction and background of the Nova Scotia Round Table on Youth Sexual Health and Planned Parenthood Nova Scotia partnership and project goal.

Key points

- "Just Loosen Up and Start Talking" report summary
- members of partnership and purpose of group
- purpose of briefing kit and presentation: to increase awareness and create community receptivity to youth sexual health

Materials

- 2.0.a "Just Loosen Up and Start Talking" Report Summary

2.1 Overview of briefing kit and process

Key points

- topics: importance of sexual health, communication and information, support for youth sexual health
- presentation
- creating a safe atmosphere for the group
- involving youth

Materials

- 2.1.a Tips for Presenters
- 2.1.b Creating Group Safety
- 2.1.c Tips for Working with Youth

"Just Loosen Up and Start Talking" Report Summary

2.0.a

Just Loosen up and Start Talking!

A summary of the Nova Scotia Youth Sexual Health Needs and Resources Assessment

WHAT WE DID ...

This research project was prompted by the experience of Planned Parenthood Nova Scotia (PPNS) working with youth.

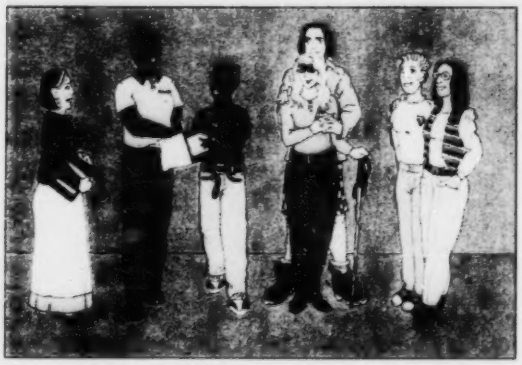
Through the provision of daily services, it became clear that services are not available everywhere that they are needed.

Outside of PPNS offices, there seemed to be few environments for young people to obtain the information and services needed in an accepting, respectful, confidential, non-judgmental way.

The Nova Scotia Dept. of Health also recognized that there were significant gaps in sexual health resources in the province and thus provided financial and advisory support to the project.

The aim of this research project was to provide a basis upon which to begin strengthening youth sexual health services using youth involvement in the needs assessment process.

Sexuality



Who We Talked To ...

Counties: Our youth interviewers talked to youth from every county in Nova Scotia, based on the county's percentage of the Nova Scotia youth population..

No. of interviews per Health Region:	Western	48
	Central	90
	Northern	32
	Eastern	50
	Total	**220**

Rural Youth: Because we are particularly interested in their lack of access to resources, two-thirds of the youth surveyed live in the rural counties and towns of Nova Scotia.

Gender: Findings reflect the experience of both young men (49%) and young women (51%).

Sexual Orientation: 15% of the youth surveyed are lesbian or gay.

Age of respondents (14-24 years):	age 14-16	29%
	age 17-19	40%
	age 20-24	31%

WHY WE DID IT ...

"Sexuality", for the purposes of this study, is a basic and natural part of every human being and includes issues of self-esteem, personal relationships, values, beliefs, socialization, responsibility in decision making as well as issues of choice in sexual activity.

The World Health Organization defines "Sexual Health" as the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual health involves freedom from disorders or diseases that interfere with sexual and reproductive function.

A community action research approach was chosen for this project: so that youth would be directly involved in the project in a way that would stimulate their learning and empowerment; to increase awareness of issues of sexual health; and to facilitate involvement of both youth and providers of sexual health resources to help shape the final results and recommendations.

Let's talk about it!

Nova Scotia Youth Talk About ...

Parents ...

rate high as positive sources of sexual health education when they are: available, easy to talk to, trustworthy, non-judgemental and straightforward.

32% of youth, however, report that their parents are either silent, absent or unhelpful.

Sexual Activity...

79% identified themselves as sexually active and almost three quarters of them said the experience is positive.

57% of these youth report not always using protection from pregnancy or sexually transmitted infections (STIs). They believe they are safe!

Sexual Health Resources ...

One third say they are simply not able to access sexual health services and education in their home community.

Over 40% of the youth say they would not seek help of any kind after being sexually abused – for reasons of fear, shame or embarrassment.

School Sex Education ...

Youth responded that they liked being taught the basics about sex. They say that they also want sex education at the higher grade levels as they mature and have more questions and they want better prepared, more comfortable teachers.

Literature Review Summary

Research of successful sexual health promotion efforts where significant improvements resulted indicate the following conditions which foster this effectiveness:

- a positive youth focus, and an attempt to respond to youth needs rather than adult limitations;
- opportunities for peer discussion and support for the development and clarification of values and attitudes; removal of gender or other status inequalities and promotion of attitudes against exploitation;
- acceptance and comfort with sexuality and individual choice;
- mandated, systematic sexual health education that promotes mutuality and informed responsible decision-making, along with accessible, local sexual health clinic services;
- community collaboration that reinforces a positive, problem prevention message;
- outreach to those with special needs or in crisis; and
- healthy public policy that is developed into guidelines, mandated and supported (with budgets, staff training and administrative support) and that is evaluated with client input

Your sexuality lasts a lifetime make it Healthy!

Nova Scotia Youth Talk About ...

Abuse ...

One third of the youth report having had a sexual experience forced upon them.

40% of those who had an unwanted, forced sexual experience sought no help at all.

Being Lesbian or Gay ...

Doctors, teachers and counsellors assume heterosexuality. Gay and lesbian youth live with this prejudice on a daily basis. Those fortunate enough to find support in a gay community do not feel completely safe, but at least are able to talk about feelings and concerns.

Peers ...

Youth value the advice of their friends and friends are the first choice for help with a sexual problem. For many, peers are the first contact for issues of sexuality.

Just under half of the youth say peer attitudes do impact on their behaviour.

Doctors ...

Youth have a high level of trust in the information given to them by doctors. They are second only to friends as someone to whom youth would go if they have a problem now.

Providers Survey Summary

To provide a background for the voices of the youth who were interviewed by the Nova Scotia Needs and Resources Assessment, interviews of providers of sexual health resources from around the province were also completed.

They said:

- The biggest barriers to sexual health are the hang-ups society has around even talking about sexuality in a positive way.
- Rural youth, in particular, are disadvantaged by the void of resources for sexual health available in rural communities.
- Lesbian and gay youth needs are not being met. Homophobia makes schools and streets unsafe.
- Sexuality education is not taken seriously by the school system.
- Youth outside of the school system have even fewer chances of access to sexual health education or services.
- Education without access to sexual health services is inadequate and ineffective.
- Youth don't plan ahead. They need information and services to be convenient and available to them in the moment they need them.
- Youth won't access services if they don't feel safe.
- Planned Parenthood is an essential resource to those providers who have local access to them.

Facts About Youth ...

- *Youth are sexually active! 79% of them. 60% of them have had sexual intercourse by the age of 16.*
- *Youth are not safe! 33% of them have had a sexual experience forced on them. 40% of those victims received no help at all, and only a quarter of them found any assistance received helpful.*
- *For many youth the only accessible source of sex education is in school. The teachers of that sex education; however, are not trained, and therefore have not developed the comfort and expertise required to teach and model healthy sexuality. Youth, on the other hand, are clear that they need a forum with youth-positive adults where they can learn about their bodies, their relationships, and themselves.*
- *Youth receive many messages about sexuality from parents, peers, tv, and teachers. The only message with a consistent level of impact is "Don't be gay!"*

Nova Scotia Youth Recommend ...

... to Other Youth

- Sex should only be with someone you love.
- Be safe. Don't let yourself be pressured.
- Wait until you are responsible in case something goes wrong.
- Talk with your parents.
- You really want to find out the background of your partner.
- Abstinence is a responsible, important choice. It takes away the pressure of sex.
- Sex is great if you do it with someone you love.
- Be yourself. Don't do anything you don't want to do.
- Know who you are sleeping with and take the time to protect yourself.
- Sex is for you, not for anyone else, when you are ready.
- If you have good self-esteem, most of the other problems go away.
- Your sexual identity is personal, individual and changeable.

... to Adults

- Everyone needs to learn about sexuality from an open, positive perspective.
- Educators are in power positions and need social skills to be more compassionate, open and insightful.
- If we learned to communicate and understand each other better, sex might be less of a "problem".
- We have information, but we need to talk so we can understand feelings.
- There are no professional places where kids can talk about sex, with each other and with a counsellor.
- Society should look at why we have problems with teen pregnancy and STIs. We must push to change and open up the tunnel vision of people in our lives.
- We need support groups for teens abused by partners.
- We need opportunities and activities where youth can meet in rural communities with positive role models of different sexual orientations.
- Kids needs to be reached. They're having sex younger and younger.
- Include lesbian, gay and bisexual people.
- Planned Parenthood is needed in the rest of the province.
- Youth should be trained to talk to school kids about sexuality; youth who are self confident and not afraid to answer questions.
- It is absolutely necessary to correct the problems in the teaching of sexual education and in resources not being readily available. Unless corrected, we are going to be faced with increasing teen pregnancies, numbers of unwanted children, increasing poverty, and higher taxes because of the number of teen moms on social assistance! Something needs to be done - (teen mom).
- Just loosen up and start talking!

"Just Loosen Up and Start Talking Technical Report" is available at the Nova Scotia Government Bookstore 424–7580 or 1-800-526-6575

or

Planned Parenthood Nova Scotia
P.O. Box 36116
Halifax, NS B3J 3S9
tel ***902·492·0444*** *fax* ***902·492·7155***

Nova Scotia **Department of Health**

Planned Parenthood Nova Scotia

Preparing for the Presentation

- Clarify with the group or organization to whom you will be presenting:
  - what they are expecting
  - what information you can or will be presenting
  - how youth are involved
  - the number of participants expected
  - whether their attendance is mandatory or voluntary
  - how much time is allotted for the presentation
  - how the room and seating will be arranged
- What materials will you need to bring, and what materials or equipment will they provide (flip chart, markers, tape, an overhead projector, etc.)?
- What materials (activities, handouts, overheads, flip charts) do you need to prepare ahead of time? You may want to make extra copies of the handouts, in case more people show up than expected. Don't forget the Participant Response Sheet! It is an invaluable source of information and feedback about the presentation and possible next steps.
- Will you present the information alone, or with a co-presenter? If you co-present, will your partner bring a particular perspective—for example, youth, parent, a member of a particular cultural group or profession? What do you need to do to prepare together?
- Are there ability, age, cultural, gender, language or religious factors that need to be given special consideration? Do you need to adapt the materials or the presentation so everyone can participate? Keep in mind when preparing for the session that your language needs to be appropriate for the age, background and experience of the audience.
- How well does the audience know each other? What is their common history? Is it close, comfortable, oppositional, stormy? How will they relate to one another?

During the Presentation

- Introduce yourself and get the participants to introduce themselves. Tell them your purpose for being there and what you hope to accomplish (your objectives).
- Go over the agenda; let them know what they can expect.
- Tell them you hope they will participate, but their participation is voluntary.
- Stress that you are not trying to change their perspectives and values—only they can do that. You are giving them information and points to consider. Recognize and respect differences. If you don't do this, people will tune out the information.
- Lead the group in creating a safe environment *(Handout 2.1.b)*.
- Be respectful at all times, even if you are dealing with a participant who is not. The participants will be watching your reaction, and often, following your lead.

- Try to allow for silence; people need time to reflect and think on each question and topic. Silent moments can be some of the most valuable for learning.
- Don't be afraid to say, "I don't know..." You are not expected to know everything about youth and sexual health. By admitting that you don't have all the answers, you avoid giving incorrect information *and* you act as a role model for others.
- Relax! This information can be fun! Try not to worry about making mistakes; we all do. There is no such thing as a perfect presentation or discussion. There are, however, excellent presentations that are carried out with enthusiasm, humour, integrity, respect and professionalism.

After the Presentation

- Some participants may want to linger or stay after to ask questions or get clarification about things they may have been shy to bring up during the presentation. This can be a valuable learning time.
- It is often helpful to "debrief" or go over the presentation with someone else, especially if they have done this type of presentation before. Take a look at what went well. If there were rough spots, you may want to strategise how you might prepare for them, should they come up again. Note: It is essential to debrief with youth presenters.
- Check in with the host. Were their expectations met? How do they think the presentation was received?
- Review the Participant Response Sheets. Feedback can help you identify possible changes and next steps.
- We would like to hear how the presentation went! Your feedback is important to us. Please take a moment and fill out the Presenter's Response Sheet (*Handout: 6.4.a*) and then mail it to:

  The Nova Scotia Round Table on Youth Sexual Health
  c/o Public Health and Health Promotion
  Nova Scotia Department of Health
  1690 Hollis Street, Box 488
  Halifax, Nova Scotia B3J 2R8

- Congratulate yourself! You did it! Thank you!

Creating Group Safety

2.1.b

Safety in a learning environment means

- People have the *right* to state their beliefs, feelings and opinions; to ask questions; or to say nothing, if they wish
- people have the *responsibility* to respect others' views and life experiences
- people are *open* to new learning

Some guidelines that help create safety are

- Expect differences of attitudes, beliefs and opinions.
- Demonstrate respect for others—presenters and other participants.
- Any question is OK.
- Use "I" statements ("I feel... I think,") Speak from your own experience.
- Challenge yourself to new learning during the session.
- Continue learning about youth sexual health after this session.

> As the presenter, explain each of these points and ask the group to agree to these "guidelines," at least during the session. Post them in a visible spot and refer back to them, if necessary, during the presentation.

As a presenter, keep in mind

- Material that challenges a person's beliefs, values, or knowledge can be very difficult for them to "take in."
- Sometimes people need to agree to disagree.
- People can have differences of opinion without personally attacking others.
- As a group leader, you are responsible for introducing the topic of safety and getting participants to agree on some guidelines. However, *every member of the group* is responsible for ensuring safety is maintained during the session.

Tips For Working With Youth

2.1.c

In presentations on youth sexual health, these tips will help you involve the most important people: ***youth.***

Time and involvement

- Involve youth in the planning and in the delivery of the presentation. Last minute invitations will not bring youth involvement. Their involvement must be nurtured and supported over time.
- Engage youth in the planning stages. This will probably take more time than if you did everything yourself, but the presentation will have more meaning. This may mean scheduling at times when youth are available—after school and on weekends. However, it is worth it. Among other things, youth involvement will achieve:
  - a sense of confidence that what you are doing is important because they are involved;
  - a common sense of accomplishment, excitement and purpose;
  - credibility with other youth;
  - increased skills and sense of community for the youth who are a part of the planning and process.
- Set it up so that youth take on meaningful tasks that are manageable for them. Different youth have different abilities. Provide constructive feedback and direction as necessary. They do not benefit from adults "rescuing" them and taking over their tasks. If a skill or task is new to them, allow for some extra time and explanation.
- Make it fun and relaxed. People who enjoy their involvement are more likely to stick around. At the same time, don't let things disintegrate to zero productivity. We all like to feel like we are accomplishing something.
- Act as an advocate for youth involvement. Set an example by doing. Whenever possible, have youth be a part of the process—committees, meetings, media appearance, presentations, etc.

Relationship

- Make an effort to get to know the youth you will be working with as whole people, especially their range of skills and experiences.
- Respect young people and demonstrate that respect. Ask for their input and adjust accordingly. If you think they have overlooked something, say so. They deserve an honest, open discussion and relationship.
- Admit your mistakes. This goes a long way in creating a youth-positive environment: where it is OK to not be perfect and where adults take responsibility for their actions.
- Do not expect youth to do something you would not do yourself. For example, it can be very risky to share personal stories with a group of people; not all youth want to do this, nor is it necessarily safe for them to do so. It may be safer for a young person to tell someone else's anonymous story, or to develop readings or skits which are based on true stories, but which have been altered to protect privacy. If youth have been acting, help the participants separate the character's part from the youth presenter. Help the youth presenter do this by debriefing after the presentation.
- Make certain there is a mix of both genders involved in the process. Acknowledge gender differences. Use examples of both genders when giving explanations or instructions.

How Do We Communicate About Sexual Health?

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
Round Table on
Youth Sexual Health

3.0 Communities and communication

Toward the goal of creating receptive communities for youth sexual health, we must first understand the relationships between communities and communication. The words share common roots *communitus:* fellowship; and *communicare:* to share. We all belong to a variety of communities—biological or chosen families; occupational, educational, recreational or spiritual communities as well as our actual neighbourhoods and towns. The centrepiece to community is belonging and one of its primary requirements is communication. We share ideas, values and feelings with the other members of our communities through verbal and nonverbal communication. Communities and communication are interconnected.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit addresses the relationship between sexual health and communication by examining some issues we face when addressing sexuality and sexual health.

3.1 The importance of dialogue

According to the World Health Organisation, "The population of young people aged 10 to 24 is projected to reach 459 million by the year 2025" (Advocates, 1997: 2). The first step in generating an ongoing dialogue about youth sexual health is to recognise the importance of such a dialogue. Surely, the size of the youth population in the world at large, as well as right here in Nova Scotia, is one good reason for the need. But there are other reasons as well. For example:

- providing accurate information
- balancing media impact
- dispelling myths and misconceptions
- teaching responsibility and instilling values
- promoting positive self-esteem
- keeping communication channels open
- addressing unplanned pregnancy and sexually transmitted infection rates
- preventing sexual exploitation

3.2 How is sexual health presently addressed in our culture?

- We operate under an implicit "no talk rule." Many teens are afraid to ask questions of parents for fear that they would think that the teens are experimenting with sexual behaviours. This fear often leads to dialogue with equally misinformed peers, resulting in a fragmented and misinformed youth population. Furthermore, some parents fear that talking about sexuality will, in effect, promote sexual activity.

- Youth lack accurate, up-to-date, relevant holistic resources. An analogy can be drawn between sexuality and driving. Some people think that giving youth information about sexuality is like giving them the keys to the car. When youth are old enough to drive, we don't just give them the keys to the car. We offer classes and go to great lengths to instruct them on how the car works, safe driving techniques, consideration for other drivers, as well as to insure them against injury or death. Imagine the difference we'd see

in sexual health if we spent as much time, effort and money teaching our youth how their bodies work, how to be safely sexual and insured them against unintended pregnancy and the harmful, if not fatal, effects of sexually transmitted infections. In short, we need to unify the messages and methods of instruction about youth sexual health from all segments of our communities. Youth need preparation and practice of a wide range of life skills to become sexually healthy adults. They need to correlate the information to their own lives and experiences.

- Early learning or past negative experiences can affect communication about sexuality and sexual health. Some parents may feel fear, shame and embarrassment about their own sexuality or sexual health. This may impact how comfortable they are with discussing the topic. They may not appear very approachable, or "askable." Early learning and how they were taught can have a profound impact on a person's level of comfort with sexuality. If they were never taught, how are they to teach? They don't want to say the wrong thing, so often they say nothing. This can send out the message that "sex is a secret" which may be interpreted: "sex is bad."

3.3 What are some issues we face when trying to discuss sexuality and sexual health?

- Language issues can get in the way. We really don't have an agreed upon language to discuss sex and sexuality. We rely upon a mix of mechanical or scientific language, euphemisms, street language, silence and body language. Early experiences may also determine language which can, in turn, have an impact on attitudes, beliefs and feelings.

- Values (beliefs we have about what is right and wrong regarding sexuality), information (facts we have about sexuality), and feelings (emotions we have about sexuality) about youth sexual health compound our confusion about communication (Boyer, 1988: 12). Usually, when we talk about "sex," we think of specific behaviour—intercourse. But sexuality is much more than that. Youth sexual health includes education around sexuality and reproductive health, dating, gender relationships, sexual orientations, pregnancy, sexually transmitted infections, as well as access to reproductive information and services.

3.4 A comprehensive definition of sexuality and sexual health is multifaceted

- Sexuality describes many things about people: whether we're male or female, how we look, how we feel about ourselves, who we're attracted to, our sexual feelings and choices, our relationships with others, our body image, self-esteem, our sexual behaviours and their consequences.

- According to the World Health Organization:

> **"Sexual health is the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual health involves freedom from disorders or diseases that interfere with sexual and reproductive function."**
>
> **World Health Organization**

- Human sexuality and learning begins at birth through touch, the ways our bodies feel and the ways that people around us relate to each other and to us. "Gender learning, for

instance, begins at birth. Being identified as male or female can determine many of one's sexual attitudes, behaviours and values." (PPFA, 1986: 16). Male or female, we are likely to experience the world in ways which are prescribed by our gender. Children continue to learn about sexuality and gender through music, television, movies, advertisements and their developing relationships with others: family members, peers, community members, educators; virtually everyone with whom they come into contact. Remembering our feelings and memories from when we were growing up can help us understand what youth are facing as they grow up. Thinking about early messages we received about sex and sexuality can help us bridge the gap that may exist between adults and youth.

- A profile of a sexually healthy teen includes positive body image and awareness, good interpersonal relationships, well developed decision-making skills, and the ability to choose intimacy and safety. The foundation which is built early in life serves the individual and the community.
- Sexuality is a lifelong, dynamic learning process. We continue learning about our sexuality, sexual health needs, and how they change, throughout our lifetime.

3.5 What is the role of healthy communication in creating receptive communities?

- Youth receive mixed and conflicting messages about sex from media, government, religion, educational systems, family, peers, and significant others. On one hand, they receive the tantalizing message: "Here it is," while on the other, "Just say no." Communities can influence the messages that youth receive about sexual health.
- Youth receive mixed messages about sexual health either explicitly (stated directly) or implicitly (suggested or implied because communication can be verbal or nonverbal). They hear, "Do as I say, not as I do" or "You can talk to me about anything (except sex.)" Facial expressions, gestures and silence can shape youth's impressions about sexuality.
- "The gender stereotypes which influence young people's development result in various problems—young men are dying in motor collisions and young women are at great risk for unintended pregnancy and sexually transmitted infections." (Hanvey, et al., 1998: 20). Additionally, gender issues often serve to perpetuate double standards
- Healthy communication includes parents as primary sexuality educators of children with assistance from community resources. Human sexuality is the most personal and vulnerable characteristic we share. Lack of information from parents can result in explicit and implicit miscommunication to youth about sexual health. Some people believe if sex is a secret, then it must be bad. It is crucial in engaging in this dialogue about youth sexuality to think about how we learned about sex when we were growing up.
- Healthy communication about youth sexuality breaks down barriers through creating comfortable climates, and "teachable moments" to share honest, open and age appropriate information. A few ways in which adults can create opportunities, or seize "teachable moments" are by discussing the messages conveyed in TV shows, ads and movies. They can share books which show behaviours, relationships, or how gender roles are portrayed. Everyday occasions provide a foundation for continuing dialogue of the more complex social and emotional issues of sexuality.

3.0 Communities and communication

Key points

- communities and communication are interconnected

3.1 The importance of dialogue

Key Points

- reasons for a dialogue about youth sexual health

3.2 How is sexual health presently addressed in our culture?

Key points

- "no talk rule," talking about sexuality does not promote sexual activity
- youth lack resources
- driving analogy
- early learning or past negative experiences can affect communication
- fear, shame, and embarrassment

Materials

- 3.2.a Driving Analogy
- 3.2.b Memory Lane

3.3 What are some issues we face when trying to discuss sexuality and sexual health?

Key points

- language issues
- values, information, and feelings

Materials

- 3.3.a Talking About Sexuality
- 3.3.b VIF

3.4 A comprehensive definition of sexuality and sexual health is multifaceted

Key points

- sexuality describes many things about people
- a definition of sexual health
- human sexuality and learning begins at birth
- profile of a sexually healthy teen
- sexuality is a lifelong dynamic learning process

Materials

- 3.4.a Some Elements of Sexuality
- 3.4.b A Definition of Sexual Health
- 3.4.c Profile of a Sexually Healthy Teen
- 3.4.d Understanding Human Sexuality

3.5 What is the role of healthy communication in creating receptive communities?

Key points

- youth receive mixed and conflicting messages from a variety of sources
- explicit and implicit communication
- gender stereotypes and double standards
- parents as primary sexuality educators with assistance from community resources
- healthy communication breaks down barriers by creating comfortable climates and "teachable moments"

Driving Analogy

3.2.a

Imagine if we taught young people how to drive the way we teach them about sexuality and sexual health. They know that people drive, but nobody talks about it. They know, in fact, that their parents have driven, maybe even own a car, but they never see them drive and they don't talk about it either. Young people wonder when it will be OK for them to drive, but they have no way of knowing. Sometimes they sneak and sit in cars. Sometimes they even drive around. They do this by themselves, or with others.

There are no road maps, or road signs, and you don't have to take a driver's test. What constitutes safe, legal driving depends with whom you're talking. There is no consistent modelling of responsible driving. When you ask about it, adults get nervous, or say "Just say no to driving." People make jokes about wanting to drive, but you don't know if they're serious or not. Men reportedly know more about driving than women do.

Some places, mostly schools, offer short classes. Some of the teachers are knowledgeable about cars and driving and feel comfortable talking about it, some don't. Universities don't offer training on how to teach about driving. In the classes, we have diagrams of cars, but we would only show parts of them at a time, never the whole car at once. The teacher never, never must show the students his or her car. We always talk about the brakes, never the accelerator and only rarely about the pleasures of driving. We say "it can be a beautiful thing."

What young people know about driving is from television and movies—chase scenes and wrecks. Only the bad guys die.

Adapted from: Gordon, S. (1979) The Sexual Adolescent: Communicating with Teenagers About Sex. 2nd ed. North Scituate, MA: Duxbury Press

Memory Lane

3.2.b

Remembering our feelings and memories from when we were growing up can help us understand what youth are facing as they grow up. Thinking about early messages can help us bridge the gap that may exist between adults and youth.

1. How did you learn about sex when you were growing up? From whom or where did you get your information? Was it accurate?

2. How were sexual issues or conversations handled in your home? What did it feel like if you had a question or concern? To whom did you go?

3. What would you have liked to ask that you didn't?

4. What message would you like young people today to have about sex?

5. What did it feel like to remember those early messages and experiences?

6. How do you think that young people's experiences today are similar or different?

Adapted in part from: N. Harris & K.R. Todd. (1980). Saying Goodbye to the Birds and the Bees and Telling the Real Story: A Guide or Parents. Santa Cruz, CA: Network Publications.

Talking About Sexuality

3.3.a

Mechanical
- Systems, processes, parts

Scientific
- Can convey a detached tone

Euphemisms
- Change frequently, who knows what's really being said?

Street language
- Can be offensive and "off putting"

Silence
- Can be interpreted in many ways

"We don't talk about it because:
- it's a secret
- it's bad
- we're uncomfortable
- we don't know what to say"

Body Language
- Can convey implied messages, level of comfort with the topic

Every time we talk about sexuality, we are also communicating **VIF.** Paying attention to this can improve our conversations.

V = Values — Values are the beliefs we have about what is right and wrong regarding sexuality.

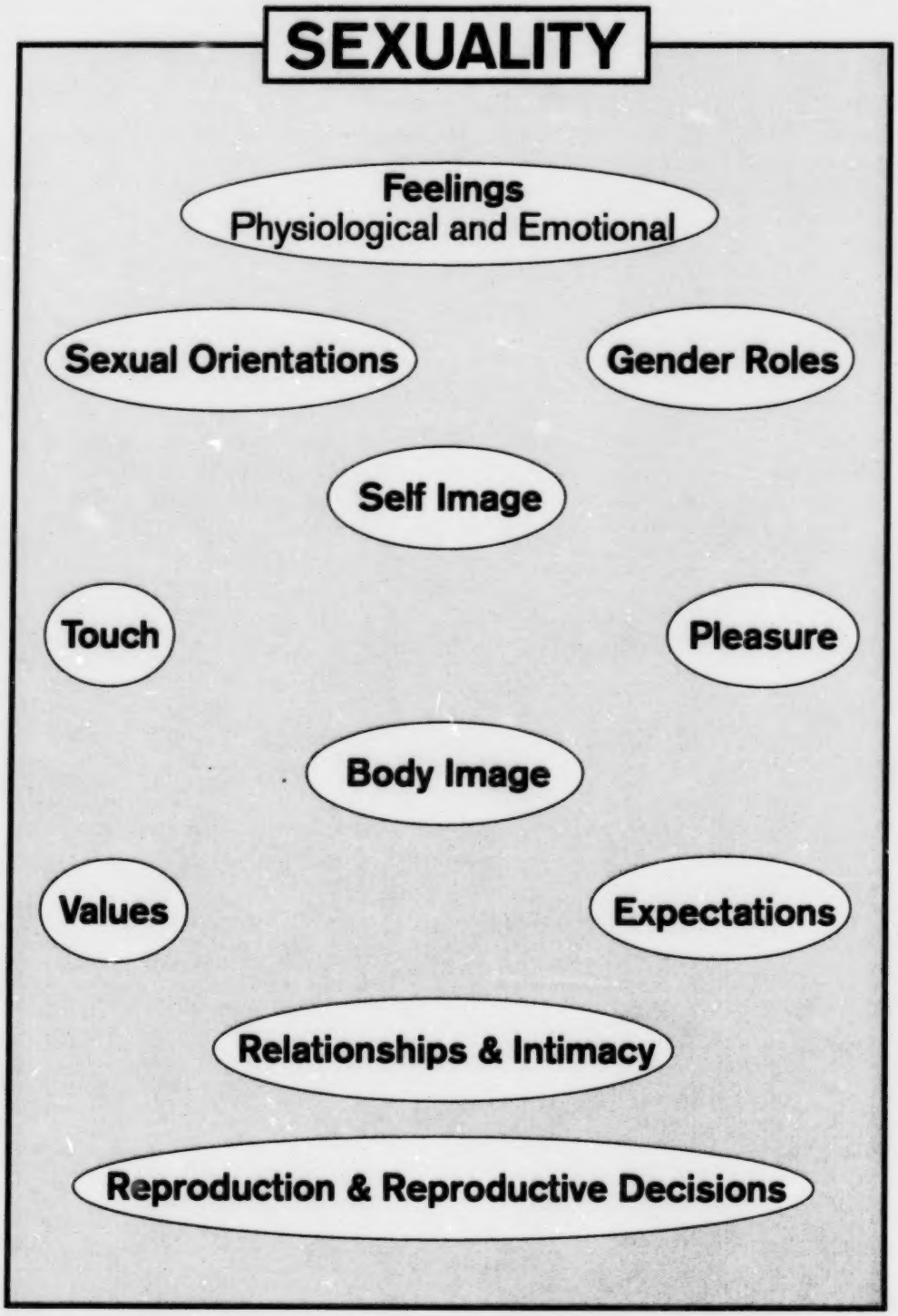
I = Information — Information is the facts we have about sexuality.

F = Feelings — Feelings are the emotions we have about sexuality—happy, sad, excited, scared , etc...

Adapted from: Boyer, M. (1988). Helping People Learn About Sexuality. Doylestown, PA: Planned Parenthood Bucks County, PA

Some Elements of Sexuality

3.4.a



Nova Scotia Round Table on Youth Sexual Health
For further information contact: Public Health and Health Promotion, Nova Scotia Department of Health 902-424-5011
March 1998

A Definition of Sexual Health

3.4.b

"Sexual health is the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication, and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from disorders or diseases that interfere with sexual and reproductive function."

World Health Organization

Profile of a Sexually Healthy Teen

3.4.c

Hundreds of professionals who work with teens were asked what qualities to look for in sexually healthy teens. Here are their responses:

Body Image Awareness – He or She

- Feels good about being male or female
- Understands how the male and female reproductive systems function
- Has a realistic and positive image of own body
- Is not obsessively concerned with dress and appearance
- Knows that sexual feelings are normal and can be controlled
- Knows own genital area and does not feel ashamed of genitals
- Knows that there is a range of sexual attractions which may include same gender, opposite genders and both

Decision-Making – He or She

- Is able to decide what is right for self and acts in own best interest
- Has a sense of future and is planning for it
- Has decided ahead of time what is or is not okay sexually
- Has clear sense of own values, acts in keeping with those values

Interpersonal Relationships – He or She

- Is able to communicate feelings to others
- Is able to ask questions of parents and others about sexuality
- Is able to express affection
- Understands another person's viewpoint, for example: boys and girls are able to respect and understand each other
- Has respect for another's individuality
- Takes responsibility for own actions
- Is aware of personal needs and is able to communicate them to a partner
- Knows own limits and is comfortable with setting limits
- Feels that s/he has positive things to offer in a relationship

Sexual Intimacy – He or She

- Feels good enough about self not to have sex just to prove his or her sexuality
- Understands the consequences of sexual activity
- Understands the difference between sexual feelings and love
- Is able to experience sexual intimacy whether s/he has intercourse
- Knows that one's feelings deserve respect from others
- Is able to accept refusal of sex and is able to refuse sex

From: Brick MEd, P. Towards a Positive Approach to Adolescent Sexuality. Vol. 17, No 5, SIECUS Report, Vol 17, No 5.

What do we mean by sexuality?

In part, sexuality has to do with being male and female:

- How we grow and change over the years
- How we view our bodies
- How we relate to each other
- How we reproduce
- How we are alike and different in appearance and behaviour
- Who we are as men and women, girls and boys

How do children learn about sexuality?

Children begin learning about sexuality when they are infants:

- The way they are touched
- What people tell them is okay and not okay to do
- The way their bodies feel to them
- What is expected of them as girls and boys
- The words people use to refer to parts of the body
- The way members of the family relate to one another and to them
- The way their culture/faith/society decides what is "right"

Children continue to learn about sexuality, on a daily basis, from:

- The music they listen to
- The TV programs they watch
- Their interactions with teachers
- Relating to family members
- Relationships with peers and others
- Changes in their bodies and feelings
- Adjusting to changes in others' expectations

When we educate children about sexuality, we help them:

- Be prepared for physical, social and emotional changes
- Understand that changes are normal and OK and we can acknowledge the range of feelings they may have about them
- Recognise that their bodies are good and beautiful and belong to them
- Learn to make decisions that show respect for themselves and for others
- Learn to act responsibly and in ways that take into account the possible consequences of their behaviours
- Understand the place of sexuality in human relationships, in living and loving
- Explore values and learn what is right for them

Why is Sexual Health Important to Your Community?

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
Round Table on
Youth Sexual Health

4.0 Sexual health and communities

Communities can provide a supportive environment that enables all its members to maintain their sexual and reproductive health. A sexually healthy community is a healthy community. The level of sexual health is reflected in the general health of a community. Sexuality is interconnected with who we are and how we live. Sexuality, whether we are sexually active or not, is a common characteristic we share as humans, a common thread weaving through the fabric of life.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit addresses the relationships between sexual health and communities by examining two sub-points: factors that determine sexual health and why sexual health is important to the community.

4.1 What is the impact of and connection between sexual health, personal well-being and the culture at large?

"Sexuality and reproductive health are seen as fundamental aspects of being human—as important to quality of life and other key aspects of health such as eating, sleeping or physical activity. It includes knowledge of self, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships and comfort with different expressions of sexuality. Our attitudes about sexuality, our ability to understand and accept our own sexuality, to make healthy choices and respect the choices of others are essential aspects of who we are and how we interact with our world." (Health Canada, 1998: 1).

4.2 Community factors that determine sexual health

The impact of and connection between sexual health, communities and communication can be seen in six areas, each of which include both the individual and the community. They have been adapted from Health Canada's 1998 *Framework on Reproductive and Sexual Health.*

- The *Social and Economic Environment* is reflected in individual income, meaningful employment, education and personal support networks. It is reflected in the community as access to goods and services, recreation, sound working environments and fair labor practices. There is evidence that income and socioeconomic status are associated with health and well-being.
  - Impact: Early initiation and riskier sexual practices are higher among youth in groups with lower socioeconomic status. "Poor children engage in riskier behaviours. Teenage girls from low-income families are five times as likely to become pregnant than girls from higher income families." (Catano,1998: 4).
- The *Physical Environment* includes all of our surroundings—natural and human built.
  - Impact: Many of the products used and consumed affect our general health and may have specific effects on sexual and reproductive health.
- *Personal Health Practices* are reflected as individual personal attitudes, practices and behaviours that promote, protect and maintain health. They are reflected in the

community as information and education linked to access of user friendly, affordable services. Supportive social environments are necessary to enable and sustain healthy choices. The use of practices to provide protection from sexually transmitted infections illustrate the interaction between a person's knowledge, attitudes, intentions, skills and their social environment.

- Impact: Biological and economic changes, better nutrition and healthcare produces young people who are physiologically ready for sexual activity before society may make it possible for them to cope with its emotional, spiritual, physical and economic consequences.

- *Health Services* consist of all the resources and services that promote, protect, maintain and restore health. Access to safe, effective and appropriate health services have a positive influence on sexual and reproductive health. Effectiveness of services are increased when they are sensitive to client characteristics such as ability, age, culture and gender.
  - Impact: Teen pregnancy and abortion rates are lower in countries where there is a wide access to sexuality education and contraceptive services. Access to prenatal education and services is associated with better outcome for parents and children.

- *Gender* refers to the roles, characteristics, attitudes, behaviours, values, and power influence that our society ascribes to men and women on a differential basis.
  - Impact: Social status also influences access to health care. A lack of power and equal status can make it more difficult to participate fully in relationships and make healthy choices regarding sexual and reproductive health. "Men and women have different sexual and reproductive experiences and risks. Women may hold less power in heterosexual sexual relationships, which may affect their ability to delay sexual activity, or insist on protection during sexual contact." (Kinnon, 1994: 155-160).

- *Culture* is one way we define our sense of belonging through shared beliefs, characteristics, habits and values.
  - Impact: The dominance of 'mainstream' cultural values may result in marginalization, stigmatization and lack of access to appropriate and effective use of health services. Language barriers may result in the loss of access to health and other services by other groups or individuals.

4.3 What is the importance of sexual health?

- Sexual health is fundamental to who we are as individuals and as community members. Our responsibility to human life extends beyond the individual child and family. Sexual health issues are complex and pervasive and cannot be solved by families alone. Sexuality and sexual and reproductive health are fundamental aspects of being human whether we are engaging in sexual behaviours or not. The benefits of sexual health are numerous: better relationships, increased well-being, better integration into the community.

- The *Canadian Guidelines for Sexual Health Education* define the benefits of sexual health as positive self-image and self worth, acceptance of one's own sexuality, integration of sexuality into mutually satisfying relationships, attainment and maintenance of sexual and reproductive health.

- Youth self-concept is a significant influence on how they handle their feelings and behaviours concerning sexuality. Better self-concept and coping skills increases their ability to make less impulsive, more well thought out decisions. Learning respect for other people's feelings and bodies translates into the belief that they deserve the same treatment. If they have been taught since childhood that every act has a consequence, then they will see that this is also true of sexual activity. "The facts of life" is only the smallest part of one of a series of important subjects youth need to be taught.

- Everyone is a sexual health educator. Youth need both males and females involved in nurturing their sexual health, otherwise a stereotyping of roles and the waste of valuable information resources is perpetuated. Everyone who comes into contact with youth is a sexuality educator through actions as well as attitudes.

- Acceptance of youth as sexual beings. Little has been written about what positive sexual attitudes, behaviours and values should be effectively promoted as desirable for youth. Because youth are sexual persons, we must develop a new consensus about what needs to happen during early life to help assure mature, sexually healthy development. We need to accept that development of sexual identity is a critical task of adolescence and that youth have both the right and the responsibility to make decisions about their sexual values, ethics, and behaviours. We need to help young people to develop the skills and the ability to resist the media and peer pressures that may rush them into premature sexual involvement, and to develop personal criteria for evaluating relationships. Although teens acknowledge the pressures to be sexually active and the reality of teen sexual activity, they often indicate a reluctance to acknowledge the complex social, emotional, spiritual and physical hazards of this behaviour. Being receptive to youth sexual health is not necessarily the same as being receptive to youth sexual activity. "Youth sex" can be, but doesn't have to be an aspect of youth sexual health. This complexity underscores the importance of creating communities receptive to youth sexual health.

4.4 What is the impact of poor sexual health?

- Individuals and society at large pay a huge price related to poor sexual health. Individuals suffer emotional and economic costs. Societal costs include health services, benefits to those who could have remained healthy and independent, and the loss of productivity (Health Canada, 1998: 5-6). Sexually transmmitted infections, unintended pregnancies, a greater number of low-birth weight babies and sexual violence, are some of the symptoms of poor sexual health for which we pay a price—as individuals and as a community.
  - It is estimated that for every dollar spent on preventing teenage pregnancy, $10 could be saved on the cost of abortion services and the short and longer term costs of income maintenance to adolescent sole support mothers (Orton, M.J. & Rosenblatt, E., 1986: 126).
  - It is estimated that the lifetime costs of treating someone living with HIV infection is $153,000. The cost is $1,200 per Canadian citizen. (Albert, T., 1997)

4.0 The relationship between sexual health, personal well-being and the community

Key points

- communities can provide a supportive environment
- a sexually healthy community is a healthy community

4.1 What is the impact of and connection between sexual health, personal well-being and the culture at large?

Key points

- sexuality and reproductive health are fundamental aspects of being human

4.2 Community factors that determine sexual health

Key points

- social and economic environment
- physical environment
- personal health practices
- health services
- gender
- culture

Handouts

- 4.2.a Factors That Determine Sexual Health

4.3 The importance of an awareness of sexual health

Key points

- what is the importance of sexual health
- sexual health is fundamental to who we are
- positive self-image and self-worth are benefits of sexual health
- self concept is a significant influence on sexuality
- everyone is a sexual health educator
- acceptance of youth as sexual beings

Handouts

- 4.3.a Guidelines for Talking About Sexuality

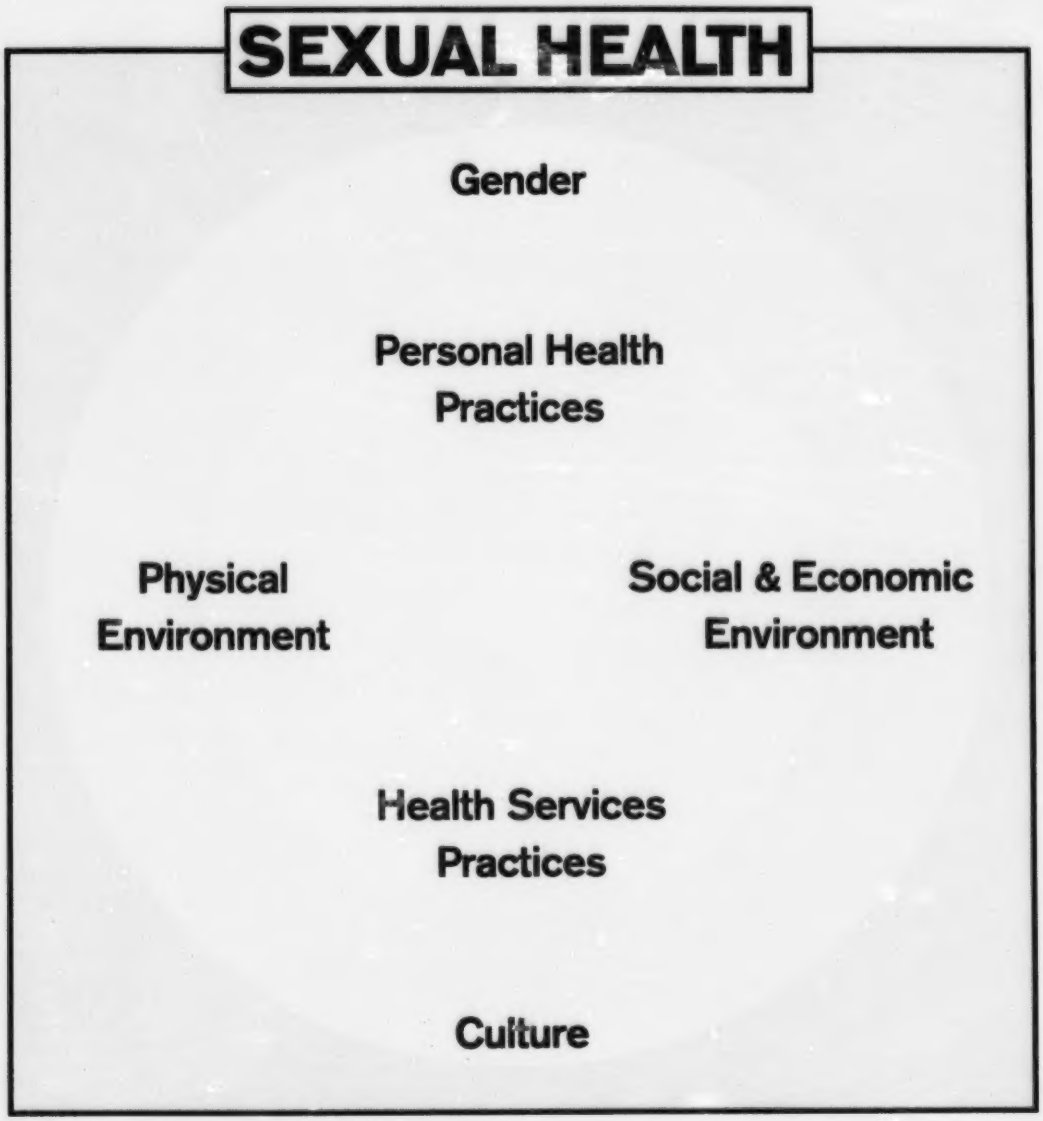
4.4 what is the impact of poor sexual health?

Key points

- individual and societal costs

Factors That Determine Sexual Health

4.2.a



Adapted from: Health Canada. Framework on Sexual and Reproductive Health. Draft Version. 1998

Guidelines for Talking about Sexuality

4.3.a

1. **BE HONEST!** Be honest about your feelings, your values, what you know and what you don't know.

2. **USE TEACHABLE MOMENTS.** There are lots of opportunities which happen throughout a normal day for talking about sexuality with children. Talking about a neighbour's pregnancy, the adoption of a child, seeing a woman working in a non-traditional job, are all situations that provide you with opportunities to discuss sexuality related issues with children. Using teachable moments also lets children know that it is okay to talk about sexuality.

3. **KEEP VIF IN MIND.** VIF stands for values, information and feelings. These are three important elements when talking about sexuality. Communicating information is important, but communicating values and feelings are just as important. We communicate these explicitly (what is said), implicitly (what is implied) combined with our body language

4. **CHILDREN LEARN BY EXAMPLE, TOO.** So even if you don't say a word about sexuality, your children will learn about it by watching family patterns about touching, sex roles, nudity, affection, discipline and other family behaviours. If you "don't say a word" about sexuality, then some children might think that there is something mysterious, secretive or bad about the sexual things in life.

5. **BE PATIENT.** Children hear and learn about sexuality from lots of different sources. You will need to clarify, repeat and build on your child's knowledge as s/he grows and matures. You can expect some of the same questions because, as children mature, they will be able to understand more complex aspects of sexuality topics.

6. **LANGUAGE IS IMPORTANT.** Give children the words they need to continue asking and talking about sexuality. Whenever it is possible, use the proper terms for the reproductive parts of the body: penis, vulva, breasts, testicles, etc.

7. **LISTEN, TOO!** When talking with your children about sexuality, it's important to listen too! It helps you to learn what they are thinking and what further information or discussion they may need. You can help children talk about sexuality with you by asking open-ended questions like:
   - How do you feel about that?
   - What do you think s/he should do?
   - How do you think we would solve that problem?
   - What have you heard about that?

8. **MAKE A COMMITMENT.** Make a commitment to see that sexuality education happens for children. If you feel nervous talking about it, say so, then go on to say what you feel is important.

9. **SEXUAL LEARNING IS A LIFELONG PROCESS.** That means that we need to continue to learn, too. So read about sexuality; talk about it with your partner, your friends. Find out what your church, synagogue or faith community thinks about sexuality. Explore your values.

Adapted from: Boyer, M. (1988). Helping People Learn About Sexuality. Doylestown, PA: Planned Parenthood Bucks County, PA.

Creating Support for Youth Sexual Health

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
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5.0 Involving youth to improve their sexual health

One of the central components in a dialogue about creating receptive communities for youth sexual health is the inclusion of youth themselves. All of our concern, all of our best intentions, technology, medicine and knowledge are worthless if youth are either denied access, or if they perceive that they are being denied access. For the state of youth sexual health to change, youth must be central to the means of keeping themselves healthy. In fact, youth are the key to improving their sexual health. Young people live in many worlds—home, school, work, friends, the local and broader community.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit draws on the "Just Loosen Up and Start Talking" report and what Nova Scotia youth have said can be done to improve young people's sexual health.

5.1 What are the barriers to youth sexual health?

"Without access to safe, reliable, caring and youth-positive sexual health resources, youth are left on their own to struggle with this critical aspect of their lives."

- The number one barrier is accessibility. One-third of youth surveyed in "Just Loosen Up and Start Talking" reported they are "simply not able to access sexual health services and education in their home community." Some youth believe that their community "avoids issues of sexuality, is homophobic, or closed minded, leading to a lack of supportive services for youth."

- Judgement, fear, shame, and embarrassment. Even when services are available, these factors keep many youth from getting education or services they need. "They know sex is a taboo subject, so are afraid to seek help." (PPFA, 1986: 123)

  Some examples given by Nova Scotia youth that illustrate this fear, shame and embarrassment:
  - fear that information will not be kept confidential
  - religious influence in sexual education causes young people to feel ashamed of their sexuality, their bodies, and "guilty for being a teen."
  - embarrassment about talking about sex
  - parental judgement fear, or denial
  - uncomfortable showing naked body to a doctor

- Negative past experiences in seeking sexual health information or services. Young people who have questions about sexual health turn to parents, doctors, friends and school sex education programs most often—these are the resources available to a vast majority of youth. Unfortunately, some youth have experienced these people as abusive, uncaring, judgmental or uninformed. Others report that confidentiality was broken, or that a professional was sexist.

- Specific populations of youth have even less access to sexual information and services. If a young person is from a cultural minority group, gay, lesbian, bisexual or transgendered,

they will have even more difficulty getting the assistance they need. They frequently encounter stereotyping, prejudice, discrimination and lack of relevant information. As well, some of these youth will assume that a service will not be made available due to perceived negative societal attitudes. Rural and institutionalised youth also have trouble accessing resources, services and support.

5.2 What role do parents and guardians play?

When it comes to parents, the 220 youth interviewed in the "Just Loosen Up and Start Talking" report were very clear: parents play an ongoing, influential role in young people's sexuality—whether they want to or not. Parents are primary role models, communicators and sources of information for their children. From a very young age, children learn from their parents what is open for discussion and what is not, what is expected of them as males and females and what standards their parents have for them. Nova Scotia youth rate their parents high as sources of sexual health education when their parents are "available, easy to talk to, trustworthy, nonjudgmental and straightforward."

5.3 What can parents do to create an open relationship with their daughters and sons?

Parents can:

- Start early—don't wait until their children are teenagers. Parental attitudes, behaviour and feelings about sexuality are communicated to children, explicitly and implicitly, from birth. Answering—or not—questions about body parts, and "where babies come from;" talking about relationships, male/female issues, choices and decision-making. These early interactions pave the way for the teenage years. Young people who enter adolescence with an open, trusting relationship with their parents, where "values, morals and consequences" have been discussed, are more likely to turn to their parents for guidance.

- Provide accurate, up-to-date, nonjudgmental information. Parents have the opportunity to ensure that their children know about sexual health. Resources that are thorough, up-to-date and easy to understand are available. Young people want information that encourages and respects their ability to make decisions. Books, videos, magazine articles and television shows can all be sources of information. Resources can be left in a place where youth can access them privately, as particular topics become relevant or of interest. It is important to understand that often young people will first gather information on their own and then approach someone they trust to talk about the topic or ask questions.

- Educate themselves and keep up-to-date. A well-informed parent will be more comfortable and confident discussing sexuality. Some things have changed since parents were teens. Up-to-date information will help you to help your child and to understand the world they live in. Seek out information from a variety of respected sources. Don't be afraid to approach your public health nurse, your family doctor and other community agencies with your questions. In the words of one young person, we need to "educate the parents, because the kids learn the most from them."

- Encourage open discussion. Ask your children to talk about what they are learning in school health class, what their friends are telling them and what "messages" they are

getting from the media. Ask them what they think. Listen. Share your own opinions in a non-threatening way.

- Share their opinions and values without condemnation, ridicule or threats. Young people want guidance from their parents, what they think and feel about important issues, and what their expectations are. They want to know that their parents care enough about their wellbeing to be involved in their lives, even if the topic is difficult to talk about.
- Involve fathers and sons. Quite often sexual health education focuses on young women. This sends the message that sexual health is primarily a woman's concern; that young men do not need information or support and don't have to take responsibility for their actions. The consequences of this approach are far-reaching and often devastating. Indeed, the *Just Loosen Up and Start Talking* report noted that the majority of young women who are parents are parenting alone, that males who had been sexually abused had great difficulty getting help and that, "young men in particular would like to hear more from their fathers on male sexuality." Young women, too, need to hear from their fathers about sexual health.
- Make it clear that they are willing to discuss even difficult topics such as abortion, dating violence, sexual abuse and assault, sexually transmitted infections and sexual orientation. These issues have such a strong societal taboo that many youth assume they are also "off limits" with parents, teachers, counsellors and even friends. Yet most youth—or someone they are close to—will face at least one of these issues at some point. Being silent on these topics is not enough help. Name each issue to reassure young people that they can ask or talk about even "taboo" issues.
- Support their children in making decisions and taking responsibility for them. Youth who have not had practice in making decisions and who have not had to take responsibility for earlier actions will not be prepared to take responsibility for the decisions they make regarding sexuality. On the other hand, young people who have confidence in their ability to make good decisions, who know they must take responsibility for their actions, will be better prepared for responsible sexual decision-making.

5.4 What can be done in communities to create environments that support youth sexual health?

Many of the elements in a supportive community setting are similar to those of supportive parents: openness, nonjudgmental attitudes, accurate information and a feeling of safety. However, since a variety of community settings must appeal to many different youth, there are additional considerations.

When we talk about community settings we include places like:

- schools, colleges and universities
- youth drop-in, social or recreation centres
- church-based youth groups
- youth support groups (cultural, medical, psychosocial, etc.)
- youth leadership programmes
- group homes
- youth shelters

- youth detention centres
- medical, health or fitness centres
- doctor's offices

Any one of these places may decide to take the initiative to actively further youth sexual health. Keeping the following characteristics and qualities in mind will assist them:

- Accessibility
  - convenient location and hours/days of operation
  - physical accessibility for youth with disabilities
- Credibility
  - trustworthy, ethical staff and volunteers
  - accurate, up-to-date information
  - respect for youths' decisions; no pressure or "agenda"
  - reputation for confidentiality and privacy
- Inclusive
  - services for the wide range of youth
  - awareness of the needs of isolated or marginalized youth and programmatic efforts to reach out to them and meet their needs
  - staff and volunteers knowledgeable about the challenges facing youth (abuse, drug and alcohol abuse, homophobia, parenthood, poverty, racism, violence, etc.)
- Relevant
  - programs and services provided to meet the real needs of young people
- Youth-friendly
  - programs, resources and services that are age and developmentally appropriate
  - knowledge and appreciation of the issues currently faced by youth
  - comfortable physical environment
  - reflects the interests and concerns of youth (current magazines, posters, resources)
  - validates the importance of and time spent with peer group
  - opportunities for youth to contribute to the development and success of the group or service provided

5.0 Involving youth to improve their sexual health

Key points

- including and involving youth
- youth must have, and perhaps more importantly, feel they have access to safe, accurate, up-to-date environments, resources and services

5.1 What are the barriers to youth sexual health?

Key Points

- accessibility
- judgement, fear, shame, and embarrassment
- negative past experiences
- specific populations with less access

Materials

- 5.1.a Some Barriers to Youth Sexual Health
- 5.1.b Barriers and Bridges (Part One: Barriers)

5.2 What role do parents and guardians play?

Key Points

- parents are primary role models, communicators and sources of information
- parents give cues about what is OK to discuss
- youth want to talk with their parents about sexual health issues when their parents are available, easy to talk to, trustworthy, nonjudgmental and straightforward

5.3 What can parents do to create an open relationship with their children?

Key Points

- start early
- provide accurate, up-to-date, non-judgmental information
- educate themselves
- encourage open discussion
- share opinions and values
- involve fathers and sons
- make it clear they will discuss difficult topics
- support youth decision-making and responsibility for the consequences

5.4 What can be done in communities to create youth-positive environments?

Key Points

- settings
- characteristics and qualities

Materials

5.4.a Nova Scotia Youth Speak

5.1.b Barriers and Bridges (Part Two: Bridges)

Some Barriers To Youth Sexual Health

5.1.a

- The number one barrier: accessibility to information, resources and services
- Fear, shame and embarrassment
- Negative past experiences in seeking sexual health information or services
- Specific populations of youth have even less access to information and services. They include:
  - cultural minorities
  - gay, lesbian, bisexual or transgendered youth
  - rural youth
  - institutionalised youth

From: Agnes, M. (1997). "Just Loosen Up and Start Talking." Halifax, NS: Nova Scotia Department of Health and Planned Parenthood Nova Scotia.

Barriers and Bridges

5.1.b

What are the **barriers** to sexual health in my **personal life**?	What are the **bridges** to sexual health in my **personal life**?
What are the **barriers** to sexual health in my **community**?	What are the **bridges** to sexual health in my **community**?

about Sexual Health Resources

"My doctor broke my confidentiality and told my parents. He makes me mad!"

"I was stereotyped as 'all Indians are drunks. She'll be pregnant before she's 16.'"

"Society's dumb attitudes cause kids to fear being found out that they're curious about sex."

"I was taught in school you could only get pregnant one day in a month."

about Strengthening Accessibility

"Keep building social acceptance of the issues surrounding sexuality and the situations that arise so that people won't feel bad about needing resources."

"Society should make youth feel it is natural to be curious, to want information and resources."

"Make resources more available so kids will go get help."

"Parents should be thankful people are trying to help their kids and back off some."

"Educate the parents because the kids learn the most from them."

"The problem is adults' lack of acceptance of sex as reality, so they condemn it and won't give kids the facts they need. They need to relax and do what is right."

about School Sex Education

"The teacher was open, not shy, answered questions and wouldn't allow anyone to laugh at anyone else's questions."

"Present sex education so that it is acceptable to voice one's values and beliefs on a topic rather than feel rejected if one's questions don't reflect the norm."

"Don't assume we're all heterosexual."

"In a classroom, kids are too uncomfortable and embarrassed to ask the really important questions."

"It didn't have enough to do with individual choices and morals."

"Don't just give us narrow social standards."

about Parents

"If parents don't start early with sex education, the kids won't ask later."

"My parents don't care about me, so I run wild. Sex is the only way to get attention."

"I wish they would have been there for me when I was a kid."

about Peers

"They have a great influence on where, when and how to have sex."

"It makes me want to have it by them telling me it's great!"

"They tell me to get as much as I can then call me a slut."

"Boys brag about it, but girls are sluts."

"I'd be 'outed' and judged. Everyone hates gays."

"My peers are irresponsible, confused, and repressed."

about Abuse

"My uncle abused me and told me it was my fault I was attractive."

"After the rape, I went out and had sex with different people without feeling anything."

"Since the sexual abuse, I have a constant urge for sex. I'm a sex addict."

"I don't ever want to have sex again."

about Being Lesbian, Gay or Bisexual

"The first time I kissed a woman, it changed my whole world. I knew I was homosexual and my values would be different from a lot of people because of that."

"I talked to my teacher who then told the other teachers."

"I wish I could be 'out' with my parents."

"I wish there was somewhere where gay and lesbian Indians could go and feel safe and still feel part of the community."

"My friends think homosexuality is gross, so I pretend I'm straight. I go out with a guy and don't say anything."

about Sexual Activity

"I feel safe if I believe I'm with someone I'll always be with."

"No one in this area uses condoms. I hope AIDS never comes here!"

"With my steady girlfriend I feel safe and secure. On one night stands I always use a condom."

"I'm too embarrassed to bring it up with my boyfriend."

From: Agnes, M. (1997). "Just Loosen Up and Start Talking." Halifax, NS: Nova Scotia Department of Health and Planned Parenthood Nova Scotia.

Closing Remarks

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
Round Table on
Youth Sexual Health

6.0 Closure

This chapter of *Just Loosen Up and Keep Talking* is about closing or ending the presentation. An important learning tool to use is a quick review, or summary of the main points you presented.

- The purpose of the briefing kit and presentation was to increase awareness and create community receptivity to youth sexual health.
- The general topics were:
  - How do we communicate about sexual health
  - why sexual health is important to your community
  - creating support for youth sexual health.

These topics and related issues can raise many questions. Some of this will have been new information to some of the participants. They may have a new awareness, or some questions. You won't be able to address or answer them all. However, it can be important to the process to highlight them. You can refer them to other community resources to continue their learning or to become more involved in supporting youth sexual health.

First, it can be helpful to allow a moment or two for participants to reflect and remember questions they might not have asked earlier. Allow for the realisation that the project is open-ended and they may feel or actually have "unfinished business." It may be helpful to distribute a list of community resource listings.

Then it may be helpful to ask participants who feel like it, to briefly share: "One thing I learned..." or, "One thing I liked..." This may also help to reinforce the knowledge and new learning.

6.1 Participant response sheets

"Participant Response Sheets" are good tools for helping participants retain new information and making it concrete. They also can provide invaluable feedback for you as a presenter and point toward next steps. Emphasise the importance of honest communication and feedback. Give them ample time to think, reflect and fill out the forms.

6.2 Ending the session

Let them know that without them, the project's goals cannot be met. Thank them for their time and participation.

6.3 Closure for presenter(s)

It is equally important for presenter(s) to have closure, too. This can be done through debriefing with your co-presenters, reviewing the session—what worked, what you might like to change. Take time to reflect on the things you did well.

6.0 Closure for participants

Key points

- briefly summarize the project purpose and the topics
- ask for any questions or unfinished business
- let the participants know it is normal to have questions come up later as a result of thinking about this information
- refer them to community resources
- group sharing: "One thing I learned was..." or, "One thing I liked..."

6.1 Participant response sheets

Key Points

- honest feedback is helpful and important
- give them time to reflect and fill out the response sheets

Materials

- 6.1.a Participant Response Sheet

6.2 Ending the session

Key Points

- they are a part of the project—it can't happen without them
- thank them for their time and participation

6.3 Closure for presenter(s)

Key Points

- debrief, review the session, and what changes you might make next time
- reflect on what you did well
- fill out presenter response sheet

Materials

6.3.a Presenters Response Sheet

Just Loosen Up and Keep Talking
Participant Response Sheet
Summary

6.1.a

Date of Presentation: _____

Location of Presentation: _____

Presenters: _____

1. The overall purpose of the briefing was to increase awareness and create community receptivity to sexual health, especially as it relates to youth.

   How do you feel this purpose was met? Please circle the appropriate number:

   1 (not at all) **2** (somewhat) **3** (well) **4** (very well)

   Comments:

2. One objective was to highlight the three points listed below. How well was this objective met? Please circle the appropriate number:

a. Why sexual health is important for communities to acknowledge and address:

   1 (not at all) **2** (somewhat) **3** (well) **4** (very well)

   Comments:

b. The importance of clear and accurate communication:

   1 (not at all) **2** (somewhat) **3** (well) **4** (very well)

   Comments:

c. The importance of and ways to create support for youth sexual health:

1 (not at all) **2** (somewhat) **3** (well) **4** (very well)

Comments:

3. One thing I learned or found useful was:

4. What was least useful:

5. I would like more information on:

6. A group or organisation that the Nova Scotia Round Table on Youth Sexual Health may want to contact for a presentation is:

7. Please check one: I am ___Female ___Male

8. Additional comments:

Thank you for your honest feedback. Your comments are important to us.

Nova Scotia Round Table on Youth Sexual Health
For further information contact: Public Health and Health Promotion, Nova Scotia Department of Health 902-424-5011
March 1998

Presenter's Response Sheet

6.3.a

Just Loosen Up and Keep Talking

Your feedback on this briefing kit is welcomed and is essential to future efforts in promoting youth sexual health. We're interested in your experience with this briefing kit and presentation. A few minutes of your time to respond to the questions below would be most appreciated. Please return this form to:

Nova Scotia Round Table on Youth Sexual Health
c/o Public Health and Health Promotion
Nova Scotia Department of Health
1690 Hollis Street, Box 488
Halifax, Nova Scotia B3J 2R8

Date of Presentation _____

Location of Presentation _____

How many presenters were there? _____

How many were youth—male or female? _____

How many adults—male or female? _____

Please describe the group to whom you presented, its objectives and how many participants? How many participants attended? Were they adults, youth, or a mix? How many were females? How many were males?

Before using the briefing kit were you or the group familiar with the issues related to youth sexual health?

After using the briefing kit and doing a presentation do you feel there was enough information or do you need more information before the kit's contribution can be of use to you?

Which parts of the kit were most useful? Which were least useful? Why?

Did the group do any of the activities suggested in the Presenter's Outline? If so, which ones? How did they go?

What do you feel went well during the presentation?

Would you do another presentation? If so, what would you change, if anything—and why?

Additional comments:

Works Cited and Background Material

For further information contact:
Public Health and Health Promotion
Nova Scotia Department of Health
902-424-5011

Nova Scotia
Round Table on
Youth Sexual Health

Works Cited And Background Materials

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